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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 07 19 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Political Action Committee

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	01 2011	To: 0 6 3 0 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		59453.10
	(b) Cash on Hand at Begining of Reporting Period	30381.97	
	(c) Total Receipts (from Line 19)	40815.94	182083.85
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71197.91	241536.95
7.	Total Disbursements (from Line 31)	39500.00	209839.04
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	31697.91	31697.91
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

м м 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 22865.76 58054.16 (i) Itemized (use Schedule A) 1450.18 16029.69 (ii) Unitemized (iii) TOTAL (add 24315.94 74083.85 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 16500.00 108000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 40815.94 182083.85 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 40815.94 182083.85 12, 13, 14, 15, 16, 17, and 18(c))

FE6AN026

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

40815.94

182083.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	or disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1173.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	1173.54
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	39500.00	205165.50
. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
O. Other Disbursements	0.00	3500.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	39500.00	209839.04
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	20500.00	000000 04
from Line 31)	39500.00	209839.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	40815.94	182083.85
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	40815.94	182083.85
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1173.54
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1173.54

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 33 (check only one) 11a 11b X 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	tical Action (Committee	
∠ A.	Full Name (Last, First, Middle Initial) Ohio National Life PAC			Date of Receipt
	Mailing Address One Financial Way			06 03 7 2011
	City	State	Zip Code	Transaction ID: 40539415
	Cincinnati	OH	45242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	296657	2500.00
	Name of Employer	Occupation	ı	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		2500.00	
В.	Full Name (Last, First, Middle Initial) OneAmerica Financial Partners, Inc. PAC			Date of Receipt
	Mailing Address One American Square P.O. Box 368	•		06 16 2011
	City	State	Zip Code	Transaction ID: 40710874
	Indianapolis	<u>IN</u>	46206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	143164	4000.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	4000.00]
 С.	Full Name (Last, First, Middle Initial) Sun Life Assurance Company of Canada (U.S.) I	PAC		Date of Receipt
	Mailing Address 124 W. Allegan Street Suite 800			06 20 7 2011
	City	State	Zip Code	Transaction ID: 40771428
	Lansing	MI	48933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	419333	5000.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		11500.00
	TOTAL This Period (last page this line number		<u> </u>	

A.

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/33 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any persithe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Council of Life Insurers P	Political Action Committee	
Full Name (Last, First, Middle Initial) Protective Life Corp. PAC Mailing Address P. O. Box 2606 City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Birmingham FEC ID number of contributing federal political committee.	AL 35202 C C00161414	Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	16500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Eugene Choate Mailing Address 4370 Peachtree Road, City	NE State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Atlanta FEC ID number of contributing federal political committee.	GA C	30319-3054	Amount of Each Receipt this Period 2500.00
	Name of Employer Bankers Fidelity Life Ins- urance Compan Receipt For: Primary General Other (specify)	Occupatio Presiden Aggregate		
 3.	Full Name (Last, First, Middle Initial) Dayton Molendorp Mailing Address 6507 Castle Knoll CT.			Date of Receipt 0 6 1 6 2 0 1 1
	City	State	Zip Code	Transaction ID: 40710875
	Indianapolis FEC ID number of contributing federal political committee.	C	46250-1439	Amount of Each Receipt this Period
	Name of Employer OneAmerica	Occupatio Presiden	n t & Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
•	Full Name (Last, First, Middle Initial) Mr. John R. Strangfeld Mailing Address 751 Broad Street 24th Floor	l		Date of Receipt 0 6 2 0 2 0 1 1
	City Newark	State NJ	Zip Code 07102-3714	Transaction ID: 40771523
	FEC ID number of contributing federal political committee.	C	0/102-3/14	Amount of Each Receipt this Period 5000.00
	Name of Employer Prudential Insurance Company of Americ Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n & Chief Executive Officer e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)		\	8500.00

Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John E. Schlifske Mailing Address 720 East Wisconsin Avenue City State Milwaukee WI FEC ID number of contributing federal political committee. Name of Employer Northwestern Mutual Life Insurance Com Aggregate Aggregate Occupation Chairman	zip Code 10504-3011	Date of Receipt Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Date	
A. Ted Mathas Mailing Address 14 Cole Drive City State Armonk NY FEC ID number of contributing federal political committee. Name of Employer New York Life Chairmar Receipt For: Aggregate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John E. Schlifske Mailing Address 720 East Wisconsin Avenue City State Milwaukee WI FEC ID number of contributing federal political committee. Name of Employer Northwestern Mutual Life Insurance Com Receipt For: Aggregate Primary General Occupation Chairmar Aggregate Aggregate	10504-3011 I, President & CEO Year-to-Date ▼ 1000.00 Zip Code	Date of Receipt M M M D 21 2011 Transaction ID: 40775228 Amount of Each Receipt this Period 1000.00 Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Armonk FEC ID number of contributing federal political committee. Name of Employer New York Life Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John E. Schlifske Mailing Address 720 East Wisconsin Avenue City State Milwaukee WI FEC ID number of contributing federal political committee. Name of Employer Northwestern Mutual Life Insurance Com Receipt For: Primary General Occupation Chairman Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate	10504-3011 I, President & CEO Year-to-Date ▼ 1000.00 Zip Code	Date of Receipt Date of Receipt Amount of Each Receipt this Period 1000.00 Date of Receipt Amount of Each Receipt 100 Transaction ID: 40790577 Amount of Each Receipt this Period	
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Mr. John E. Schlifske Mailing Address 720 East Wisconsin Avenue City State Milwaukee WI FEC ID number of contributing federal political committee. Name of Employer Northwestern Mutual Life Insurance Com Receipt For: Primary General Aggregate Aggregate Aggregate Aggregate	year-to-Date ▼ 1000.00 Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mr. John E. Schlifske Mailing Address 720 East Wisconsin Avenue City State Milwaukee WI FEC ID number of contributing federal political committee. Name of Employer Northwestern Mutual Life Insurance Com Receipt For: Aggregate	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Milwaukee FEC ID number of contributing federal political committee. Name of Employer Northwestern Mutual Life Insurance Com Receipt For: Primary General WI Occupation Chairman	•	Transaction ID: 40790577 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer Northwestern Mutual Life Insurance Com Receipt For: Primary General Ccupation Chairman	33202-4703		
Insurance Com Receipt For: Aggregate Primary General			
	a & Chief Executive Officer Year-to-Date ▼ 1500.00		
Full Name (Last, First, Middle Initial) Mr. Mark W. Mullin		Date of Receipt	
Mailing Address 4333 Edgewood Road, NE	Mailing Address 4333 Edgewood Road, NE		
City State Cedar Rapids IA	Zip Code 52499-0001	Transaction ID: 40790579 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		1500.00	
	& Chief Executive Officer		
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 1500.00		
SUBTOTAL of Receipts This Page (optional)		4000.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one) X 11a 11b 11c 12
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action (Committee	-
	Full Name (Last, First, Middle Initial) Mr. Chris C. Stroup			Date of Receipt
	Mailing Address 187 Danbury Road Riverview Building, 3rd City	d Floor State	Zip Code	06 24 2011
	Wilton	CT	2ip Code 06897-4122	Transaction ID: 40790580 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Wilton Reassurance Company	Occupation Chairman	n n & Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Mr. Michael E. Fleitz Mailing Address 187 Danbury Boad			Date of Receipt
	Mailing Address 187 Danbury Road Riverview Building, 3rd			06 24 7 2011
	City Wilton	State CT	Zip Code 06897-4122	Transaction ID: 40790581
	FEC ID number of contributing federal political committee.	C	00037-4122	Amount of Each Receipt this Period 250.00
	Name of Employer Wilton Reassurance Company	Occupation Senior V	n ice President & Chief Financi	a a
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Raymond J. Martin, Jr.			Date of Receipt
	Mailing Address 4707 Myerwood Lane			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y D D D / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 40790586
	Dallas	TX	75244-7728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer National Teacher Associat- es Life Insur		t & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers I	nd Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)	ontion votion committee		
Mr. James T. Langham, Jr.		Date of Receipt	
Mailing Address P.O. Box 802063		0 6 2 7 2 0 1 1	
City	State Zip Code	Transaction ID: 40790587	
Dallas	TX 75380-2063	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer National Teacher Associat-	Occupation		
es Life Insur Receipt For:	Vice President & Treasurer		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Mr. Brian Ellard			
Mailing Address 4949 Keller Springs	s Road	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 40790589	
Addison	TX 75001-5910	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer National Teacher Associat- es Life Insur	Occupation Marketing Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Ms. Betty Jo Ellard		Date of Receipt	
Mailing Address 5641 Bent Tree Dri	0 6 2 7 2 0 1 1		
City	State Zip Code	Transaction ID: 40795460	
<u>Dallas</u>	TX 75248-2011	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer National Teacher Associat- es Life Insur	Occupation Member, Board of Directors		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (options	al)	3000.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent		Date of Receipt
Mailing Address 101 Constitution Ave. Suite 700	, NW	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20001-2133	Transaction ID: PR1120489722343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	101.54
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Senior Counsel, State Relations Aggregate Year-to-Date ▼ 609.23	P/R Deduction (\$50.77 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt
Mailing Address 101 Constitution Ave. Suite 700	, NW	0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code DC 20001-2133	Transaction ID: PR1156427122343
Washington FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation SVP, Administration & CFO Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		
Mr. Peter L. Tedone Mailing Address 32 Lincoln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code CT 06089-9780	Transaction ID: PR1503560122343
Weatogue FEC ID number of contributing federal political committee.	CT 06089-9780	Amount of Each Receipt this Period 53.86
Name of Employer Vantis Life Insurance Com- pany	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.09	P/R Deduction (\$26.93 Bi- Weekly)
SURTOTAL of Receipts This Page (antional)		255.40

Π	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A O	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Poli	itical Action (Committee	
	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Ave, 101 Constitution Ave,			06 30 2011
	City	State	Zip Code	Transaction ID: PR1550105922343
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		369.48
	Name of Employer American Council of Life Insurers	Occupatio Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2216.88	P/R Deduction (\$184.74 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			06 30 7 2011
	City	State DC	Zip Code	Transaction ID: PR1554864822343
	Washington FEC ID number of contributing federal political committee.	C	20001-2140	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers	Occupatio Senior C		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Gail S. Steinberg			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			06 30 7 2011
	City	State	Zip Code	Transaction ID: PR1565786722343
	Washington 550 ID and the city of the city	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers	_ 	ve Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)			449.48

	or commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers P Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas Mailing Address 101 Constitution Av Suite 700 City Washington FEC ID number of contributing rederal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan-Pagani Mailing Address 101 Constitution Av Suite 700 City Washington FEC ID number of contributing rederal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb Mailing Address 101 Constitution Av Suite 700 Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb Mailing Address 101 Constitution Av Suite 700		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 33 (check only one) X 11a
4	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
. K	Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2140	Transaction ID: PR1647849722343 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	1 -		n Taxes & Retirement Securit Year-to-Date ▼ 240.00	y P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan-Pagani			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	, NW		06 30 7 2011
	City	State	Zip Code	Transaction ID: PR1728112722343
	FEC ID number of contributing	C	20001-2140	Amount of Each Receipt this Period 152.30
	Name of Employer American Council of Life	Occupation		_
	Insurers Receipt For:		e Year-to-Date ▼	_
			913.79	P/R Deduction (\$76.15 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	, NW		06 30 2011
	City	State	Zip Code	Transaction ID: PR1821819622343
	-	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		187.50
	Name of Employer American Council of Life Insurers Receipt For:		n sident & Associate General (e Year-to-Date ▼	Cou
	Primary General Other (specify) ▼	Aggregate	1125.00	P/R Deduction (\$93.75 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			379.80

ITEM	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for o	formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full)	tatements main name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	nerican Council of Life Insurers Polit	ical Action (Committee	
The	I Name (Last, First, Middle Initial) e Honora Dirk A. Kempthorne			Date of Receipt
ivia	iling Address 101 Constitution Ave, N Suite 700	VVV		06 30 2011
City		State	Zip Code	Transaction ID: PR1871324522343
	ashington	DC	20001-2133	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		416.66
	me of Employer nerican Council of Life urers	Occupation Presiden	n t and CEO	
	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	2499.96	P/R Deduction (\$208.33 Bi- Weekly)	
	l Name (Last, First, Middle Initial) Brian Waidmann			Date of Receipt
	iling Address 101 Constitution Ave, N Suite 700			06 30 7 2011
City	y ashington	State DC	Zip Code	Transaction ID: PR1872428322343
FE	C ID number of contributing eral political committee.	C	20001-2133	Amount of Each Receipt this Period 416.66
Am	me of Employer nerican Council of Life urers	Occupatio Chief of		
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1874.97	P/R Deduction (\$208.33 Bi- Weekly)
	l Name (Last, First, Middle Initial) Gary E. Hughes	Date of Receipt		
	iling Address 101 Constitution Avenu Suite 700 West			06 30 7 2011
City		State DC	Zip Code	Transaction ID: PR771358222343
FE	ashington C ID number of contributing eral political committee.	C	20001-2133	Amount of Each Receipt this Period 310.00
	me of Employer nerican Council of Life urers	Occupatio Executiv	n e Vice President & General C	Cou
	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1860.00	P/R Deduction (\$155.00 Bi- Weekly)
SURT	FOTAL of Receipts This Page (optional)		_	1143.32

	or commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers If Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Mailing Address 101 Constitution Ar Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John F. Dolan Mailing Address 101 Constitution Ar Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Barbara A. Price Mailing Address 101 Constitution Ar Suite 700 West City		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial)			Date of Receipt
-	Mailing Address 101 Constitution Ave	nue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771362422343
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		107.16
	Name of Employer American Council of Life	Occupation Vice Pre	n sident, Conference Developn	nent
	Receipt For:		e Year-to-Date ▼	
			642.97	P/R Deduction (\$53.58 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt
	Mailing Address 101 Constitution Ave. Suite 700 West	, NW		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771365422343
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pre	n sident, Media Relations	
	Receipt For:	Aggregate	e Year-to-Date	
	H ' -		360.00	P/R Deduction (\$30.00 Bi- Weekly)
_	,			Date of Receipt
	Mailing Address 101 Constitution Average Suite 700 West	nue, NW		0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771369022343
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		59.26
	Name of Employer American Council of Life Insurers	_ '	s., Legislative & Regulatory I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 355.55	P/R Deduction (\$29.63 Bi- Weekly)
				226.42

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 33 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	itical Action	Committee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771373222343 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		286.46
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼		ice President, State Relations e Year-to-Date ▼ 1718.76	P/R Deduction (\$143.23 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman	- NA/		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		06 30 7 2011
	City	State DC	Zip Code	Transaction ID: PR771373522343
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 57.52
	Name of Employer American Council of Life Insurers	Occupation Sr. Vice	n President, Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 345.12	P/R Deduction (\$28.76 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		06 30 2011
	City	State	Zip Code	Transaction ID: PR771374022343
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		155.16
	Name of Employer American Council of Life Insurers Receipt For:	- '	n sident & Associate General C e Year-to-Date ▼	Cou
	Primary General Other (specify) ▼		930.97	P/R Deduction (\$77.58 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		499.14

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.					
)	NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	itical Action (Committee						
Α.	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt					
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		06 30 2011					
	City	State	Zip Code	Transaction ID: PR771376822343					
	Washington	DC	20001-2133	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.84					
	Name of Employer American Council of Life Insurers	Occupatio Regional	n Vice President, State Relatio						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		305.04	P/R Deduction (\$25.42 Bi- Weekly)					
– В.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS	1		Date of Receipt					
	Mailing Address 101 Constitution Ave, Suite 700	NW		06 30 2011					
	City	State	Zip Code	Transaction ID: PR771377122343					
	Washington	DC	20001-2133	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		200.00					
	Name of Employer American Council of Life	Occupatio	n Vice President, State Relatio						
	Insurers Receipt For:	, '	e Year-to-Date	-					
	Primary General Other (specify) ▼	riggrogate	1200.00	P/R Deduction (\$100.00 Bi- Weekly)					
_ C.	Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan			Date of Receipt					
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		06 30 / Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR771395122343					
	Washington	DC	20001-2133	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		416.66					
	Name of Employer American Council of Life Insurers	Occupatio Senior E	n xecutive Vice President, Publi						
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	B/B B					
	Other (specify)		2499.96	P/R Deduction (\$208.33 Bi- Weekly)					
Γ	SUBTOTAL of Receipts This Page (optional)	1		667.50					

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a					
Any information copied from such Reports an	rinformation copied from such Reports and Statements may not be sold or used by any person or commercial purposes, other than using the name and address of any political committee to so							
NAME OF COMMITTEE (In Full)	the name and add	aress of any political committee to s	Solicit Contributions from Such Committee.					
American Council of Life Insurers P	olitical Action (Committee						
Full Name (Last, First, Middle Initial) Mr. Morris R. Goff			Date of Receipt					
Mailing Address 101 Constitution Av Suite 700 West			0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR771419322343 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		187.26					
Name of Employer American Council of Life Insurers	 	sident, Federal Relations						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1123.56	P/R Deduction (\$93.63 Bi- Weekly)					
Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation	<u>'</u>		Date of Receipt					
Mailing Address 101 Constitution Av Suite 700 West	enue, NW		06 30 / 2011					
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771419922343 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		150.00					
Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relatio						
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	P/R Deduction (\$75.00 Bi- Weekly)					
Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt					
Mailing Address 101 Constitution Av Suite 700 West	enue, NW		06 30 7 2011					
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771421022343 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		100.00					
Name of Employer American Council of Life Insurers		Vice President, State Relatio						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Bi- Weekly)					
SUBTOTAL of Receipts This Page (optional	<u> </u>		437.26					

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16					
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may ng the name and add	r not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions					
American Council of Life Insurers	Political Action (Committee						
Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky			Date of Receipt					
Mailing Address 101 Constitution 2 Suite 700	Ave, NW		06 30 7 2011					
City	State	Zip Code	Transaction ID: PR771421122343					
Washington	DC	20001-2133	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		40.00					
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident & Associate General C	ou					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$20.00 Bi- Weekly)					
Full Name (Last, First, Middle Initial) Ms. Lisa J. Tate	I		Date of Receipt					
Mailing Address 101 Constitution 2 Suite 700	Avenue, NW		06 30 7 2011					
City	State	Zip Code	Transaction ID: PR771423222343					
Washington	DC	20001-2133	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		80.00					
Name of Employer American Council of Life Insurers	Occupation VP, Litiga	n ation & Assoc. Gen. Counsel	7					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$40.00 Bi- Weekly)					
Full Name (Last, First, Middle Initial) Mr. John P. Gerni	I		Date of Receipt					
Mailing Address 101 Constitution 2 Suite 700	Ave, NW		0 6 3 0 Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: PR771428722343					
Washington	DC	20001-2133	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		130.42					
Name of Employer American Council of Life Insurers	- '	Vice President, State Relation	,					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary ☐ General Other (specify) ▼	0 0	782.51	P/R Deduction (\$65.21 Bi- Weekly)					
SUBTOTAL of Receipts This Page (optio	nal)		250.42					

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for	nformation copied from such Reports and Commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Council of Life Insurers Pol	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Ill Name (Last, First, Middle Initial)	THOSE ACTION V	- John Miller	
. <u>M</u>	r. David C. Turner ailing Address 101 Constitution Ave,	NW		Date of Receipt
_	Suite 700			06 30 2011
Ci		State	Zip Code	Transaction ID: PR771428922343
	/ashington	DC	20001-2133	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.76
	ame of Employer merican Council of Life surers	Occupation EVP, Chi	n ief of Staff & Corp. Secretary	,
	eceipt For:	-, '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1504.55	P/R Deduction (\$125.38 Bi- Weekly)
	ull Name (Last, First, Middle Initial) s. Alane R. Dent			Date of Receipt
M	ailing Address 101 Constitution Ave, Suite 700	NW		06 30 7 2011
Ci	•	State	Zip Code	Transaction ID: PR771444322343
<u> </u>	/ashington	DC	20001-2133	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		180.00
Ai	ame of Employer merican Council of Life surers	Occupation Vice Pres	n sident, Federal Relations	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	846.00	P/R Deduction (\$90.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) r. T. Scott Dixon			Date of Receipt
M	ailing Address 101 Constitution Aver Suite 700 West	nue NW		0 6 J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci		State	Zip Code	Transaction ID: PR771444922343
<u> </u>	/ashington	DC	20001-2133	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		40.00
	ame of Employer merican Council of Life surers	Occupation Finance		
	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
SUB	TOTAL of Receipts This Page (optional) .			470.76

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	tical Action (Committee	
۷.	Full Name (Last, First, Middle Initial) Mr. Andrew M. Melnyk			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700	ue NW		06 30 2011
	City	State	Zip Code	Transaction ID: PR771445822343
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		37.50
	Name of Employer American Council of Life Insurers	Occupatio Managin	n g Director, Research	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		217.80	P/R Deduction (\$18.75 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700	06 30 7 2011		
	City	State	Zip Code	Transaction ID: PR771449622343
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life Insurers	Occupatio Senior V	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Maurice A. Perkins			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	NW		0 6 3 0 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR805149122343
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		198.76
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Federal Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1192.56	P/R Deduction (\$99.38 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		286.26

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 23 / 33 (check only one) X 11a 11b 11c 12							
	Detailed Summary Page	13 14 15 16 17							
	Statements may not be sold or used by any pers e name and address of any political committee to								
NAME OF COMMITTEE (In Full)									
American Council of Life Insurers Pol	itical Action Committee								
Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman		Date of Receipt							
Mailing Address 101 Constitution Aver Suite 700	nue, NW	06 30 7 9 9 9							
City	State Zip Code	Transaction ID: PR904819522343							
Washington	DC 20001-2133	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation								
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Bi- Weekly)							

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	•	22865.76

		Use separate schedule(s)			eck onl	NUMBE v one)				1 AC	iE 24	00
IT1	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ì	21b 27	22 28a	Х	23 28b	\square	24 28c	25 29	
or f	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	e and address of any political o										
<u></u>	Full Name (Last, First, Middle Initial) Crowley for Congress					Date	of Di	isburs	emen	5367 t		
	Mailing Address 84-56 Grand Avenue					0 ^M 6	М	[′]	8	/ LY	ž o ť	1
	City Elmhurst	State Zip Code NY 11373				Amou	int o	f Each	n Disb	-	ent this	
	Purpose of Disbursement			011							2500.0	0
	Candidate Name Joseph Crowley			tego Type								
	Office Sought: X House Senate President State: NY District: 07	ement For: 2012 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Rush Holt For Congress							on ID	-	5368 t	04	
	Mailing Address PO Box 782					0 ^M 6	М	[/] DC	8 (/ Y	ž 0 1	1 Y
	City Pennington	State Zip Code NJ 08534				Amou	int o	f Each	n Disb		ent this	
	Purpose of Disbursement Candidate Name Rep. Rush Holt		Ca	011 tego ype	•		•	•			2000.0	Ó
	Office Sought: X House Disburs	ement For: 2012 Primary General Other (specify)		700								
	Full Name (Last, First, Middle Initial) Tiberi for Congress					Date	of Di	isburs	emen	5370 t		· V
	Mailing Address 217 Third Street, SE					0 6	М	[′] _ ^D C	8 (′ L	ž o ť	1
	City Washington	State Zip Code DC 20003				Amou	int o	f Each	n Disb	ursem	ent this	
	Purpose of Disbursement Candidate Name				ry/	L.	•				0.0	Ų
	9 1	ement For: 2012 Primary General Other (specify)	<u>T</u>	уре								
	UBTOTAL of Disbursements This Page (optional)										500.0	•

ΙT			rate schedule(s)		(check or	E NUMBER: PAGE 25 / 33
_	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		21b 27	22 X 23 24 25 28 28 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nar					
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	l Action Co	mmittee			
<i></i>	Full Name (Last, First, Middle Initial) Tiberi for Congress					Transaction ID: 40538981 Date of Disbursement
	Mailing Address 217 Third Street, SE					06 08 7 2011
	City Washington	State DC	Zip Code 20003			Amount of Each Disbursement this Perio
	Purpose of Disbursement Void - Tiberi for Congress				011	0.00
	Candidate Name Patrick Tiberi				tegory/ Γype	_
	Senate President	sement For: C Primary Other (spec	2012 General			Void - Tiberi for Congress
	State: OH District: 12 Full Name (Last, First, Middle Initial) Tiberi for Congress					Transaction ID: 40539207
	Mailing Address 217 Third Street, SE					Date of Disbursement O 6 M
	City Washington	State DC	Zip Code 20003			Amount of Each Disbursement this Period
	Purpose of Disbursement		20000	Г	011	2000.00
	Candidate Name Patrick Tiberi			Ca	itegory/ Γype	
	000 0 11 011	sement For:	2012			
	Senate President	C Primary Other (spec	General cify) ▼			
	Senate	Primary				Transaction ID: 40539412 Date of Disbursement
	Senate President State: OH District: 12 Full Name (Last, First, Middle Initial)	Primary				
	Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) Stivers for Congress	Primary				Date of Disbursement O 6 M / D 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) Stivers for Congress Mailing Address 4679 Winterset Drive City	Other (spec	cify) ▼ Zip Code		011	Date of Disbursement O 6 M / D 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) Stivers for Congress Mailing Address 4679 Winterset Drive City Columbus	Other (spec	cify) ▼ Zip Code	Ca	011 ttegory/	Date of Disbursement O 6 M / D 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Senate President President State: OH District: 12 Full Name (Last, First, Middle Initial) Stivers for Congress Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Candidate Name Mr. Steve Stivers Office Sought: X House Disburs	Other (spec	Zip Code 43220	Ca	tegory/	Date of Disbursement O 6 M / D 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 33 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Star or for commercial purposes, other than using the na		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Kind For Congress Committee		Transaction ID: 40539413 Date of Disbursement
Mailing Address 1207 C Street, NE		06 0 0 8 7 2 0 1 1
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Perio
Purpose of Disbursement		2000.00
Candidate Name Rep. Ron Kind	-	tegory/ Гуре
Senate President	rsement For: 2012 X Primary General Other (specify) ▼	
State: WI District: 03		
Full Name (Last, First, Middle Initial) Barney Frank for Congress		Transaction ID: 40775623 Date of Disbursement
Mailing Address PO Box 260		0 6 M / 2 2 / Y Y Y O Y 1
City Newtonville	State Zip Code MA 02460	Amount of Each Disbursement this Perio
Purpose of Disbursement		2000.00
Candidate Name Barney Frank		tegory/ Type
Office Sought: X House Disbution Senate President	rsement For: 2012 X Primary General Other (specify) ▼	
State: MA District: 04		
Full Name (Last, First, Middle Initial) Jim Himes For Congress		Transaction ID: 40775632 Date of Disbursement
Mailing Address 65 High Ridge Road B Box 456	ox 456	06 M / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stamford	State Zip Code CT 06905	Amount of Each Disbursement this Perio
Purpose of Disbursement		2000.00
Candidate Name Mr. Jim Himes		tegory/ Гуре
Office Sought: X House Senate President Disbut	rsement For: 2012 X Primary General Other (specify) ▼	
State: CT District: 04		
		6000.00

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 33 (check only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) Judy Biggert for Congress		Transaction ID: 40775635 Date of Disbursement
Mailing Address P.O. Box 637		06 06 22 7 2011
City Hinsdale	State Zip Code IL 60522	Amount of Each Disbursement this Period
Purpose of Disbursement		2000.00
Candidate Name Judy Biggert		tegory/ ype
Senate President	sement For: 2012 (Primary General Other (specify)	
State: IL District: 13 Full Name (Last, First, Middle Initial)		Transaction ID: 40775638
Friends of Carolyn McCarthy		Date of Disbursement
Mailing Address 151 Linden Road		06 06 7 22 7 2011
City Mineola	State Zip Code NY 11501	Amount of Each Disbursement this Perio
Purpose of Disbursement		1000.00
Candidate Name Carolyn McCarthy	I	tegory/ ype
Senate President	sement For: 2012 ⟨ Primary General Other (specify) ▼	
State: NY District: 04 Full Name (Last, First, Middle Initial)		Transaction ID: 40775643
Perlmutter For Congress		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3440 Youngfield Street		
City Wheat Ridge	State Zip Code CO 80033	Amount of Each Disbursement this Perio
Purpose of Disbursement		011
Candidate Name Rep. Edwin Perlmutter	I	tegory/ -ype
Senate President	ement For: 2012 (Primary General Other (specify)	
State: CO District: 07		
SUBTOTAL of Disbursements This Page (optiona		▶ 4000.00

	CHEDULE B (FEC Form 3X)		ate schedule(s)		FOR LIN		BER:	ı	PAGE 28/	33
IT	EMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page		21b 27	22 28a	X 23		25 c 29	П
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	ne and address	of any political							
<u>′</u>	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress Mailing Address P.O. Box 10322					Dat	e of Disbu	ID: 4077 ursement	75645 ° 2 0 1	1 Y
	City Raleigh Purpose of Disbursement	State NC	Zip Code 27605			Am	ount of Ea	ach Disbur	sement this	
	Candidate Name Rep. Bradley Miller				011 ategory/ Type					
	· -	ement For: C Primary Other (spec	2012 General ify) ▼							
	Full Name (Last, First, Middle Initial) Montanans For Tester					Dat	e of Disbu			V
	Mailing Address PO Box 1135					0 ^M	6	D 2 2 /	žož	1
	City Helena	State MT	Zip Code 59624			Am	ount of Ea	ach Disbur	sement this	
		ement For: Primary Other (spec	2012 General		011 ategory/ Type				1000.0	0
	State: MT District: Full Name (Last, First, Middle Initial) Friends Of Dave Reichert		···, •				nsaction e of Disbu	ID: 4077 ursement	75652	
	Mailing Address P. O. Box 53322					0 ^M	6 ^M /	^D 2 2 /	y žo j	1 Y
	City Bellevue	State WA	Zip Code 98015			Am	ount of Ea	ach Disbur	sement this	
	Purpose of Disbursement Candidate Name Rep. David Reichert				011 ategory/ Type				1000.0	U .
		ement For: (Primary Other (spec	2012 General							
s	UBTOTAL of Disbursements This Page (optional)				•				3000.0	0
	OTAL This Period (last page this line number only	′)			•					
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TEMES DISPUSSION	Use separate schedule(s)	Check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee
American Council of Life Insurers Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Wyden for Senate		Transaction ID: 40775653 Date of Disbursement
Mailing Address 122 C Street, NW Suite 505		06 22 2011
City Washington	State Zip Code DC 20001	Amount of Each Disbursement this Period
Purpose of Disbursement		011
Candidate Name Ron Wyden		ategory/ Type
X Senate President	rsement For: 2016 X Primary General Other (specify) ▼	
State: OR District:		
Full Name (Last, First, Middle Initial) Van Hollen For Congress		Transaction ID: 40775655 Date of Disbursement
Mailing Address 10605 Concord Street Suite 202		06 06 7 22 7 7 2011
City Kensington	State Zip Code MD 20895	Amount of Each Disbursement this Period
Purpose of Disbursement		011
Candidate Name Rep. Chris Van Hollen		ategory/ Type
Office Sought: X House Disbu	rsement For: 2012 X Primary General Other (specify) ▼	
State: MD District: 08 Full Name (Last, First, Middle Initial) Ben Cardin For Senate		Transaction ID: 40775660 Date of Disbursement
Mailing Address P.O. Box 21093		M 6 M / D D / Y Y Y Y 1 Y
City Catonsville	State Zip Code MD 21228	Amount of Each Disbursement this Period
Purpose of Disbursement		2000.00
Candidate Name Sen. Benjamin Cardin	Ca	ategory/ Type
X Senate President	rsement For: 2012 X Primary General Other (specify)	
State: MD District:		

SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)) FOR LINE (check only	NUMBER: PAGE 30 / 33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	al Action Committee		
Full Name (Last, First, Middle Initial) Larson for Congress			Transaction ID: 40775665 Date of Disbursement
Mailing Address 29 Ruff Circle			$\begin{bmatrix} M & M & M \\ O & G & M \end{bmatrix} / \begin{bmatrix} D & D \\ D & Z \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ D & D & I & I \end{bmatrix} $
City Glastonbury	State Zip Code CT 06033		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name John Larson		Category/ Type	
Senate President	xsement For: 2012 X Primary General Other (specify)		
State: CT District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 40775669
Friends of Max Baucus			Date of Disbursement
Mailing Address 818 Connecticut Ave, I Suite 1100		06 7 22 7 2011	
City Washington	State Zip Code DC 20006		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		011 Category/	2000.00
Max Baucus		Type	
Office Sought: House Disbu χ Senate President	xsement For: 2014 X Primary General Other (specify)		
State: MT District: Full Name (Last, First, Middle Initial)			T
Friends Of Jim Clyburn			Transaction ID: 40775674 Date of Disbursement
Mailing Address PO Box 12567			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I \end{bmatrix} \ \ \end{bmatrix}$
City Columbia	State Zip Code SC 29211		Amount of Each Disbursement this Period
Purpose of Disbursement	011	1500.00	
Candidate Name Rep. James Clyburn		Category/ Type	
Senate President	xsement For: 2012 X Primary General Other (specify)		
State: SC District: 06			
SUBTOTAL of Disbursements This Page (optional	(lı	>	5500.00
TOTAL This Period (last page this line number or	ly)		

SCHEDULE B (FEC Form 3X)	Use separ	rate schedule(s)		NUMBER: PAGE 31/33
TEMIZED DISBURSEMENTS	for each c	ategory of the Summary Page	(check onl	22 🛛 23 🗍 24 📗 25 📗
			27	28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers Political	Action Con	nmittee		
Full Name (Last, First, Middle Initial)				Transaction ID: 40791483
Royce Campaign Committee				Date of Disbursement
Mailing Address P.O. Box 2525				06 28 / 2011
City Orange	State CA	Zip Code 92859		Amount of Each Disbursement this Period
Purpose of Disbursement		1		1000.00
-			011	
Candidate Name Ed Royce			Category/ Type	
9 17	ement For:	2012		
Senate X	Other (spec	General		
State: CA District: 40	Culci (Spec	yıı y) ▼		
Full Name (Last, First, Middle Initial)				Transaction ID: 40791486
Shelby for US Senate				Date of Disbursement
Mailing Address P.O. Box 1091				06 28 7 2011
City Tuscaloosa	State AL	Zip Code 35401		Amount of Each Disbursement this Perio
Purpose of Disbursement	7.1_	00.01	044	1000.00
Candidate Name			011 Category/	
Richard Shelby		0010	Туре	
· — — —	ement For: Primary	2016 General		
President	Other (spec	cify) 🔻		
State: AL District: Full Name (Last, First, Middle Initial)				
Friends of Dick Lugar				Transaction ID: 40791487 Date of Disbursement
Mailing Address P.O. Box 55952				06 06 7 28 7 2011
City Indianapolis	State IN	Zip Code 46205		Amount of Each Disbursement this Perio
Purpose of Disbursement		.0200	-	1500.00
Condidate Name			011	
Candidate Name Richard Lugar			Category/ Type	
	ement For:	2012		
	Primary	General		
Dura da la	Other (spec	JIIY) ▼		
State: IN District:	_	•		
				3500.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check onl	E NUMBER: PAGE 32/33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	- · · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) Coburn For Senate 2010			Transaction ID: 40791488 Date of Disbursement
Mailing Address Post Office Box 977			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Sen. Thomas Coburn, M.D.		Category/ Type	
X Senate President	sement For: 2016 X Primary General Other (specify)		
State: OK District: Full Name (Last, First, Middle Initial)			
Friends Of Chris Murphy			Transaction ID: 40791490 Date of Disbursement
Mailing Address PO Box 127			06 06 28 7 2011
City Cheshire	State Zip Code CT 06410		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Mr. Christopher Murphy		Category/ Type	
X Senate President	sement For: 2012 X Primary General Other (specify)		
State: CT District: Full Name (Last, First, Middle Initial)			Transaction ID: 40060E01
Nelson 2012			Transaction ID: 40863501 Date of Disbursement
Mailing Address PO Box 8666			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Omaha	State Zip Code NE 68108		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Sen. Ben Nelson		Category/ Type	
ÿ	sement For: 2012 X Primary General Other (specify)	1 21-2	
State: NE District:			
			3000.00

SCHEDULE B (FEC Form 3X)	FOI	R LINE NUMBER: PAGE 33 / 33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	eck only one) 21b
		27 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	, , , ,	· ·
NAME OF COMMITTEE (In Full)		
American Council of Life Insurers Political	Action Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: 40932703
IMPACT		Date of Disbursement
Mailing Address 426 C Street, NE		06 06 7 03 0 7 2 0 1 1
City	State Zip Code	Amount of Each Disbursement this Period
Washington	DC 20002	
Purpose of Disbursement	011	2000.00
Candidate Name	Catego Type	
Office Sought: House Disburse	ment For:	
Senate	Primary General	
President	Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	—	39500.00